

REGISTRATION FORM

You may register for only one workshop per form. **Please photocopy for additional registrations and send separate checks for each workshop.** Reservations will be on a first come/first served basis. Deadline for registrations, including fees, will be due four weeks prior to the workshop date. No registrations will be accepted by telephone or at the workshop. Sorry no credit card payment at this time.

Name of Workshop _____

Date of Workshop _____

E-mail _____

Name _____

Address _____

Phone # Day () _____

Phone # Eve. () _____

The applicant, by signing below recognizes that the program involves some risk and that she/he takes responsibility for all action or injury that may result by participating.

Signature _____

☐ Female

☐ Male

After you register for the workshop you will receive a confirmation card. Detailed information regarding what to bring, directions, and carpooling will be sent three weeks prior to the workshop.

Make checks payable to CalTIP/BOW

Send to: Department of Fish and Game
Becoming an Outdoors-Woman Program
PO Box 980215
W. Sacramento, CA 95798-0215

If the workshop is full, do you want to be placed on a waiting list?

☐ Yes

☐ No

Carpool?

☐ Yes

☐ No

Questions: Call 916-753-7448 or 916-653-7748 or e-mail sher-
rges@dfg.ca.gov or ljohnston@dfg.ca.gov

Cancellation Policy: If you must cancel from a workshop less than 14 days prior to the workshop, you will not be eligible for a refund. An alternative to losing your payment is to find a replacement or if someone on our waiting list accepts your spot.

I have read and understand the Cancellation Policy:

Signature: _____

Date: _____

www.dfg.ca.gov/bow/owoman.html



—more on reverse—

MEDICAL HISTORY

Name _____

Date of Birth _____

If there is no condition, please write "none" or "N/A"

_____ Allergies (drugs, foods, insects, etc.) _____

_____ Heart Disease _____

_____ High blood pressure _____

_____ Diabetes _____

_____ Epilepsy _____

_____ Recent Injury or Illnesses? _____

_____ Medications you currently take _____

_____ Do you wear glasses and/or contacts? _____

_____ Any conditions which could limit your activities? (asthma, hayfever, back problems, etc.) _____

EMERGENCY MEDICAL AUTHORIZATION

In case of emergency, notify

Name _____

Relationship _____

Phone (day) (_____) _____ (evening) (_____) _____

Physician _____ Phone Number (_____) _____

Insurance _____

The above health history questionnaire is correct to the best of my knowledge, and I am able to engage in all activities, except as noted by me and a physician. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required by the emergency situation.

I give consent for the California Department of Fish and Game (hereinafter CDFG), to provide medical attention, transportation, and emergency medical services as warranted by the circumstances.

I represent that I am in good physical condition, and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation, except as designated herein.

Signature of Participant _____ Date _____

